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70223 7590 08/21/2007

LAW OFFICE OF JOHN S. KENDALL, ESQ.  
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RAYMOND N. ERVIN Reg. No. 51,180 (Deponent's name)

/Raymond Nathaniel ERVIN, Reg. No. 51180/ (Signature)

1 NOVEMBER 2007 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/625,744	07/23/2003	LEATRICE DESHAWN WOODY	LN-001	8141

TITLE OF INVENTION: PORTABLE NAIL SALON

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
NONPROVISIONAL	YES	\$720	\$300	\$1020	11/21/2007
EXAMINER	ART UNIT	CLASS-SUBCLASS			

WILKENS, JANET MARIE

36337

312-249800

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 JOHN S. KENDALL, ESQ.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122 attached).		2 _____
<input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03/02 or more recent) attached. Use of a Customer Number is required.		3 _____

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

NOT APPLICABLE

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):
<input type="checkbox"/> Issue Fee	<input type="checkbox"/> A check in the amount of the fee(s) is enclosed.
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<input checked="" type="checkbox"/> Advance Order - # of Copies 3 @ (FEE CODE 8001)	<input type="checkbox"/> The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Raymond Nathaniel ERVIN, Reg. No. 51,180/ Date 1 NOVEMBER 2007

Typed or printed name RAYMOND N. ERVIN for JOHN S. KENDALL, ESQ. Registration No. 51,180

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and sending the completed application form to the USPTO. This burden will vary depending upon individual case. Any comments on the amount of time you require to complete this form and your suggestions for reducing this burden would be helpful to the Chief Financial Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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